

**TECHNICAL DETAILS FOR NATIONAL PERFORMANCE INDICATORS
FOR STATE BASED ORGANISATIONS**

NATIONAL PRIORITY AREA: Governance
DOMAIN: Performance Improvement Culture

N_PIC Objective To ensure sound governance reflecting a culture of continuous quality improvement.

Rationale for the objective Sound governance is a legal, contractual and ethical obligation of all organisations. This is particularly so for publicly funded organisations. Ongoing systematic evaluation and improvement of the effectiveness of the organisation ensures continuous quality improvement.

SBO INDICATORS

GOVERNANCE—Performance Improvement Culture

N_PIC 1.1	
Indicator	The organisation is accredited by a recognised accreditation model. 2 points or 50 points if accreditation achieved (compulsory)
Rationale for the indicator	Accreditation is an internationally recognised method to assist organisations improve performance and make those improvements sustainable. Looking to the future, the Department of Health and Ageing (the Department) is seeking assurance that all Divisions Network members have appropriate organisational arrangements in place to achieve continuing improvements in the quality, accessibility and integration of general practice services within the broader Australian health system. Choice of accreditation models allows Divisions Network members to become accredited using the sets of standards most appropriate to their needs, while ensuring that accreditation programs used have appropriate coverage, standards and processes.
Indicator type	Qualitative
Numerator	N/A
Source of numerator data	N/A
Data coding (if applicable)	N/A
Mechanism for QA on numerator data	N/A
Denominator	N/A
Source of denominator data	N/A
Data coding (if applicable)	N/A
Mechanism for QA on denominator data	N/A
Mechanism for QA on qualitative data	Audit of certification of registration Certificate of accreditation
Mechanism for indicator data transfer to collation agency	Report to the Department

Method of calculation of the indicator	<p>Formal registration to be accredited with one of the four recognised accreditation models, including a brief description on progress towards achieving accreditation.</p> <p>N_PIC 1.1 Accreditation achieved: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, certificate of accreditation attached.</p> <p>If no, brief description on progress towards achieving accreditation.</p>
Timing of reporting	<p>6 Month Report</p> <p>12 Month Report</p>
Disaggregation (equity)	N/A
Comments	<p>Organisations have three years (until June 2008) to obtain accreditation.</p> <p>If accredited, organisations are not required to respond to all of the governance performance indicators—only those not incorporated within their selected accreditation model. The attached table (next page) summarises the indicators included in each of the four recognised accreditation models.</p> <p>If not accredited, organisations must respond to all of the governance performance indicators, identify if the organisation is registered to become accredited, and include a plan to progress towards accreditation.</p> <p>If 50 points for accreditation are claimed, no further points can be claimed for the remaining governance indicators</p>

PERFORMANCE INDICATORS INCORPORATED WITHIN EACH OF THE FOUR RECOGNISED ACCREDITATION MODELS

Performance Improvement Culture	ISO	ACHS Equip Corporate	ACHS QDN	QIC	Relevant Indicator
The organisation's Board composition is appropriate to support the effective discharge of governance and financial accountabilities.	No	No	No	No	N_PIC 1.2
The organisation's structure includes a mechanism to effectively capture community input.	Yes	Yes	Yes	Yes	N_PIC 1.3
The organisation has a comprehensive governance and operational policies manual in place and subject to ongoing review.	Yes	Yes	Yes	Yes	N_PIC 1.4a
The organisation conducts annual Board performance appraisals, with externally facilitated review at least every three years.	Yes	Yes	Yes	Yes	N_PIC 1.4b
The organisation conducts an annual CEO performance review against agreed indicators and position description.	Yes	Yes	Yes	Yes	N_PIC 1.4c
The organisation has established an independent committee to provide assurance on financial, remuneration and other matters to the Board.	Yes	Yes	Yes	Yes	N_PIC 1.4d
The organisation has in place an appropriate skills training program for each member of the Board and management.	Yes	Yes	Yes	Yes	N_PIC 1.4e
The organisation has an effective system in place to ensure Board members and staff are given adequate orientation to their respective roles.	Yes	Yes	Yes	Yes	N_PIC 1.4f
A framework to evaluate the organisation's core programs and these evaluations are established as an essential part of Board/ management performance review.	Yes	Yes	Yes	Yes	N_PIC 1.4g
Effective External Engagement					
The organisation's programs are well informed by relevant community input.	Yes	Yes	Yes	Yes	N_EEE (SBO) 1.1
The organisation's collaborations with State or Territory Government entities influence State or Territory primary health care policy, planning and service delivery.	No*	Yes	Yes	Yes	N_EEE (SBO) 1.2
The organisation's collaborations with other key stakeholders (e.g. Divisions within its State or Territory, relevant Indigenous health organisations, hospitals, other GP groups, regional health services, non-government organisations, and consumer groups) influence State or Territory primary health care policy, planning and service delivery.	No*	Yes	Yes	Yes	N_EEE (SBO) 1.3

Financial, Compliance and Risk Management					
The organisation has systems in place for written financial reporting to the Board (minimum of a quarterly basis), that include variance between actual expenditure and budget, financial ratio reporting and assurance of compliance with legal and contractual requirements.	No*	Yes	Yes	Yes	N_FCR 1.1
The organisation has written risk management plans based on an appropriate and recognised risk management framework. These plans cover the main areas of the organisations operation (e.g. governance, financial, knowledge management and, where appropriate, clinical risk) and a legal and contractual compliance program.	Yes	Yes	Yes	Yes	N_FCR 1.2

* The ISO standards are able to include these elements within the accreditation model upon request. Organisations are required to provide evidence that these elements have been included in the accreditation model if they are not responding to these individual governance indicators.

SBO INDICATORS

GOVERNANCE—Performance Improvement Culture

N_PIC 1.2	
Indicator	The organisation's Board composition is appropriate to support the effective discharge of governance and financial accountabilities. 2 points (compulsory)
Rationale for the indicator	Good governance arrangements are essential for all organisations. Good governance is partially dependent upon the appropriate* composition of the organisation's Board.
Indicator type	Qualitative
Numerator	N/A
Source of numerator data	N/A
Data coding (if applicable)	N/A
Mechanism for QA on numerator data	N/A
Denominator	N/A
Source of denominator data	N/A
Data coding (if applicable)	N/A
Mechanism for QA on denominator data	N/A
Mechanism for QA on qualitative data	Audit of SBO records
Mechanism for indicator data transfer to collation agency	Report to the Department
Method of calculation of the indicator	Description of the qualifications and experience of Board members N_PIC 1.2 Description, no more than one page, of the qualifications and experience of Board members:
Timing of reporting	6 Month Report 12 Month Report
Disaggregation (equity)	N/A
Comments	*'Appropriate' is defined in the following way: The Board must maintain an appropriate size and membership balance. Collectively, members must have the skill and experience to ensure the Board can maintain a primary health care focus and the required expertise (including business and accounting knowledge) to ensure appropriate administrative arrangements are in place for the efficient, effective and ethical use of public monies. Maintaining the required expertise (including business and accounting knowledge) may include purchasing specific services from an external provider.

SBO INDICATORS

GOVERNANCE—Performance Improvement Culture

N_PIC 1.3	
Indicator	The organisation's structure includes a mechanism* to effectively capture relevant community input#. 2 points (compulsory)
Rationale for the indicator	An organisation that represents its community requires a governance structure and vision that reflect its community's needs and interests. A mechanism to capture community input ensures the relevance of the organisation's activities to the wider community.
Indicator type	Qualitative
Numerator	N/A
Source of numerator data	N/A
Data coding (if applicable)	N/A
Mechanism for QA on numerator data	N/A
Denominator	N/A
Source of denominator data	N/A
Data coding (if applicable)	N/A
Mechanism for QA on denominator data	N/A
Mechanism for QA on qualitative data	Audit of SBO records
Mechanism for indicator data transfer to collation agency	Report to the Department
Method of calculation of the indicator	Description of the mechanism to capture relevant community input#. N_PIC 1.3 Description, no more than one page, of the mechanism to capture relevant community input
Timing of reporting	6 Month Report 12 Month Report
Disaggregation (equity)	N/A
Comments	*It is acknowledged that appropriate and acceptable mechanisms will vary from Division to Division in accordance with organisational structure, local community and other factors. # Community input relates to the wider community such as the general public, area health services, regional health services and Aboriginal health services. This indicator addresses a mechanism for capturing relevant community input. It is linked to N_EEE (SBO) 1.1 which addresses how effective that mechanism has been.

SBO INDICATORS

GOVERNANCE—Performance Improvement Culture

N_PIC 1.4	
Indicator	<p>The organisation has the following*:</p> <ul style="list-style-type: none"> a) a comprehensive governance and operational policies manual in place that is subject to ongoing review; 2 points (compulsory) b) a system of annual Board performance appraisals, with externally facilitated review at least every three years; 2 points (compulsory) c) a system of annual CEO performance review against agreed indicators and position description; 2 points (compulsory) d) an independent committee# established to provide assurance on financial, remuneration and other matters to the Board; 2 points (compulsory) e) an appropriate skills training program in place for each member of the Board and management; 2 points (compulsory) f) an effective system in place to ensure Board members and staff are given adequate orientation to their respective roles; and 2 points (compulsory) g) a framework established to evaluate the organisation's core programs and ensure these evaluations are an essential part of Board/management performance review. 2 points (compulsory)
Rationale for the indicator	Effective systems ensure appropriate administrative arrangements are in place to achieve efficient, effective and ethical use of public monies
Indicator type	Qualitative
Numerator	N/A
Source of numerator data	N/A
Data coding (if applicable)	N/A
Mechanism for QA on numerator data	N/A
Denominator	N/A
Source of denominator data	N/A
Data coding (if applicable)	N/A
Mechanism for QA on denominator data	N/A
Mechanism for QA on qualitative data	Audit of SBO records
Mechanism for indicator data transfer to collation agency	Report to the Department

Method of calculation of the indicator	<p>Self-report of progress towards achieving the following:</p> <ul style="list-style-type: none"> a) a comprehensive governance and operational policies manual in place that is subject to ongoing review; b) a system of annual Board performance appraisals, with externally facilitated review at least every three years; c) a system of annual CEO performance review against agreed indicators and position description; d) an independent committee established to provide assurance on financial, remuneration and other matters to the Board; e) an appropriate skills training program in place for each member of the Board and management; f) an effective system in place to ensure Board members and staff are given adequate orientation to their respective roles; and g) a framework to evaluate the organisation's core programs and ensure these evaluations are an essential part of Board/management performance review. <p>N_PIC 1.4 Description, no more than one page, of progress with structures/processes</p>
Timing of reporting	<p>6 Month Report 12 Month Report</p>
Disaggregation (equity)	N/A
Comments	<p>* Organisations have three years (until June 2008) to have all of these structures/processes in place.</p> <p># The independent committee may contain Board members, however, it should also comprise of external members with relevant expertise such as accountants or lawyers.</p>

NATIONAL PRIORITY AREA: Governance
DOMAIN: Effective External Engagement

N_EEE Objective To ensure collaborations with key stakeholders influence State or Territory primary health care policy, planning and service delivery.

Rationale for the objective Sound working relationships between key stakeholders contribute to the effectiveness of the interaction between general practice and other health care and support providers. Community input into the program of activities ensures the relevance of the activities to the wider community.

SBO INDICATORS

GOVERNANCE—Effective External Engagement

N_EEE (SBO) 1.1	
Indicator	The organisation’s programs are well informed by relevant community input*. 2 points (compulsory)
Rationale for the indicator	Relevant community input ensures the relevance of the organisation’s activities to the wider community.
Indicator type	Qualitative
Numerator	N/A
Source of numerator data	N/A
Data coding (if applicable)	N/A
Mechanism for QA on numerator data	N/A
Denominator	N/A
Source of denominator data	N/A
Data coding (if applicable)	N/A
Mechanism for QA on denominator data	N/A
Mechanism for QA on qualitative data	Audit of SBO records
Mechanism for indicator data transfer to collation agency	Report to the Department

Method of calculation of the indicator	<p>Description of at least three significant achievements# that demonstrate the effective use of information from community input</p> <p>Each description need not exceed half a page and must follow the format of aim, actions taken and outcomes</p> <p>N_EEE (SBO) 1.1 Significant Achievement 1: Aim: Actions taken: Outcomes:</p> <p>N_EEE (SBO) 1.1 Significant Achievement 2: Aim: Actions taken: Outcomes:</p> <p>N_EEE (SBO) 1.1 Significant Achievement 3: Aim: Actions taken: Outcomes:</p>
Timing of reporting	<p>6 Month Report</p> <p>12 Month Report</p>
Disaggregation (equity)	N/A
Comments	<p>* 'Community input' relates to the wider community such as the general public, area health services, regional health services and Aboriginal health services.</p> <p>#A significant achievement must not be previously reported in earlier financial years or against other indicators in this financial year. However, it might be related to substantial progress made with a significant achievement reported in a previous financial year.</p> <p>This indicator is linked to N_PIC 1.3 as it addresses how effective the mechanism described in N_PIC 1.3 has been for capturing relevant community input.</p>

SBO INDICATORS

GOVERNANCE—Effective External Engagement

N_EEE (SBO) 1.2	
Indicator	The organisation's collaborations with State or Territory Government entities influence State or Territory primary health care policy, planning and service delivery. 2 points (compulsory)
Rationale for the indicator	A key role of the SBO is influencing State or Territory primary health care policy, planning and service delivery, including through collaborations with State or Territory Government entities.
Indicator type	Qualitative
Numerator	N/A
Source of numerator data	N/A
Data coding (if applicable)	N/A
Mechanism for QA on numerator data	N/A
Denominator	N/A
Source of denominator data	N/A
Data coding (if applicable)	N/A
Mechanism for QA on denominator data	N/A
Mechanism for QA on qualitative data	Audit of SBO records
Mechanism for data transfer to collation agency	Report to the Department
Method of calculation of the indicator	Description of at least one significant achievement* resulting from collaborations with State or Territory Government entities Description need not exceed half a page and must follow the format of aim, actions taken and outcomes N_EEE (SBO) 1.2 Significant Achievement: Aim: Actions taken: Outcomes:
Timing of reporting	6 Month Report 12 Month Report
Disaggregation (equity)	N/A
Comments	*A significant achievement must not be previously reported in earlier financial years or against other indicators in this financial year. However, it might be related to substantial progress made with a significant achievement reported in a previous financial year.

SBO INDICATORS

GOVERNANCE—Effective External Engagement

N_EEE (SBO) 1.3	
Indicator	The organisation's collaborations with other key stakeholders (e.g. Divisions within its State or Territory, relevant Indigenous health organisations, hospitals, other GP groups, regional health services, non-government organisations, and consumer groups) influence State or Territory primary health care policy, planning and service delivery. 2 points (compulsory)
Rationale for the indicator	A key role of the SBO is influencing State or Territory primary health care policy, planning and service delivery, including through partnerships and alliances with key stakeholders, including Divisions within its State or Territory, relevant Indigenous health organisations, hospitals, other GP groups, regional health services, non-government organisations, and consumer groups.
Indicator type	Qualitative
Numerator	N/A
Source of numerator data	N/A
Data coding (if applicable)	N/A
Mechanism for QA on numerator data	N/A
Denominator	N/A
Source of denominator data	N/A
Data coding (if applicable)	N/A
Mechanism for QA on denominator data	N/A
Mechanism for QA on qualitative data	Audit of SBO records
Mechanism for indicator data transfer to collation agency	Report to the Department
Method of calculation of the indicator	Description of at least one significant achievement* resulting from collaborations with other key stakeholders (e.g. Divisions within its State or Territory, relevant Indigenous health organisations, hospitals, other GP groups, regional health services, non-government organisations, and consumer groups) Description need not exceed half a page and must follow the format of aim, actions taken and outcomes N_EEE (SBO) 1.3 Significant Achievement 1: Aim: Actions taken: Outcomes:
Timing of reporting	6 Month Report 12 Month Report
Disaggregation (equity)	N/A
Comments	*A significant achievement must not be previously reported in earlier financial years or against other indicators in this financial year. However, it might be related to substantial progress made with a significant achievement reported in a previous financial year. The list of stakeholders outlined here is not meant to be exhaustive and it is acknowledged SBOs may have additional key stakeholders reflecting local circumstances.

NATIONAL PRIORITY AREA: Governance
DOMAIN: Financial, Compliance and Risk Management

N_FCR Objective To ensure sound financial management, compliance with all legal and contractual requirements and mitigation of identified risks.

Rationale for the objective Sound financial management ensures a high standard of accountability and ensures the appropriate management of the program, including improving accountability and transparency of public funding and ensuring funding is used for the purposes for which it is provided. Sound compliance and risk management contributes to the effective administration of the organisation’s resources, assets and liabilities to protect its Board, management and staff and enable the organisation to achieve its optimal outcomes.

SBO INDICATORS

GOVERNANCE—Financial, Compliance and Risk Management

N_FCR 1.1	
Indicator	The organisation has systems in place for written financial reporting to the Board (minimum of a quarterly basis) that include variance between actual expenditure and budget, financial ratio reporting and assurance of compliance with legal and contractual requirements. 2 points (compulsory)
Rationale for the indicator	The governance structure and processes require written financial reporting systems to ensure sound financial management and accountability for public funds
Indicator type	Qualitative
Numerator	N/A
Source of numerator data	N/A
Data coding (if applicable)	N/A
Mechanism for QA on numerator data	N/A
Denominator	N/A
Source of denominator data	N/A
Data coding (if applicable)	N/A
Mechanism for QA on denominator data	N/A
Mechanism for QA on qualitative data	Audit of SBO records
Mechanism for indicator data transfer to collation agency	Report to the Department
Method of calculation of the indicator	Self-report of the existence of systems for written financial reporting to the Board N_FCR 1.1 Statement of the existence of written financial reporting systems that include variance between actual expenditure and budget, financial ratio reporting and assurance of compliance with legal and contractual requirements
Timing of reporting	6 Month Report 12 Month Report

Disaggregation (equity)	N/A
Comments	

SBO INDICATORS

GOVERNANCE—Financial, Compliance and Risk Management

N_FCR 1.2	
Indicator	The organisation has written risk management plans based on an appropriate and recognised risk management framework. These plans cover the main areas of the organisation's operation (e.g. governance, financial, knowledge management and, where appropriate, clinical risk) and include a legal and contractual compliance program. 2 points (compulsory)
Rationale for the indicator	Recognised risk management systems ensure sound compliance and effective management of the organisation's resources, assets and liabilities to protect its Board, management and staff, and enable the organisation to achieve optimal outcomes.
Indicator type	Qualitative
Numerator	N/A
Source of numerator data	N/A
Data coding (if applicable)	N/A
Mechanism for QA on numerator data	N/A
Denominator	N/A
Source of denominator data	N/A
Data coding (if applicable)	N/A
Mechanism for QA on denominator data	N/A
Mechanism for QA on qualitative data	Audit of SBO records
Mechanism for data transfer to collation agency	Report to the Department
Method of calculation of the indicator	Self-report of the existence of written risk management plans N_FCR 1.2 Statement of the existence of written risk management plans covering the main areas of the organisation's operation
Timing of reporting	6 Month Report 12 Month Report
Disaggregation (equity)	N/A
Comments	

NATIONAL PRIORITY AREA: Building Capacity of Divisions of General Practice
DOMAIN: Divisional Support and Development

N_DSD Objective To ensure the organisation assists and supports Divisions to have ready access to appropriate resources provided at State or Territory and national levels to achieve effective and efficient organisations.

Rationale for the objective SBOs are in a position to assist and support Divisions to achieve organisational effectiveness and contractually agreed outcomes.

SBO INDICATORS

BUILDING CAPACITY OF DIVISIONS OF GENERAL PRACTICE—Divisional Support and Development

N_DSD 1.1	
Indicator	Division performance indicator total scores and State or Territory average for the total scores. 2 points (compulsory)
Rationale for the indicator	A key role for SBOs is the engagement and influence with Divisions. The extent to which Divisions are meeting expected outcomes for performance indicators is a reflection of the extent of that engagement and influence.
Indicator type	Quantitative
Numerator	Division performance indicator total scores
Source of numerator data	Department—provided to SBO
Data coding (if applicable)	N/A
Mechanism for QA on numerator data	N/A
Denominator	Number of Divisions in the State or Territory
Source of denominator data	SBO records
Data coding (if applicable)	N/A
Mechanism for QA on denominator data	Department records
Mechanism for QA on qualitative data	N/A
Mechanism for indicator data transfer to collation agency	Report to the Department
Method of calculation of the indicator	Frequency plot of numerators (x axis = Division, y axis = performance score) Sum of numerators divided by denominator (to give average)*
Timing of reporting	12 Month Report
Disaggregation (equity)	N/A
Comments	*Clearly mark the average score with a line. In the future, this indicator will move from a distribution of Division program performance indicator total scores to a change over time in the distribution of Division program performance indicator total scores.

Figure N_DSD 1.1 Frequency plot and average of Division performance indicators total scores, [insert SBO name], [insert date—month and year]

Explanatory text:

SBO INDICATORS

BUILDING CAPACITY OF DIVISIONS OF GENERAL PRACTICE—Divisional Support and Development

N_INT (SBO) 1.1	
Indicator	The number and proportion of Divisions within the State or Territory satisfied* with their collaborations with relevant hospitals to facilitate local service planning, timely and appropriate exchange of patient health information and sharing of clinical care# for patients, families and communities, involving consumers and other service providers where relevant. 2 points (compulsory)
Rationale for the indicator	This indicator shows Divisions' perceived satisfaction with effectiveness of systems for local service planning, timely and appropriate exchange of patient health information and shared care of patients at State or Territory level.
Indicator type	Quantitative
Numerator	Numbers of Divisions in each State or Territory in each coded category for: Q1. Local service planning Q2. Timely and appropriate exchange of patient health information Q3. Sharing of clinical care for patients
Source of numerator data	Provided to SBOs by PHC RIS through the Annual Survey of Divisions, using the following question: N_INT (SBO) 1.1 (Q) Overall, how satisfied is your Division with your collaborations with relevant hospitals to facilitate: N_INT (SBO) 1.1 (Qa) Local service planning? [] Satisfied [] Unsure [] Not satisfied N_INT (SBO) 1.1 (Qb) Timely and appropriate exchange of patient health information? [] Satisfied [] Unsure [] Not satisfied N_INT (SBO) 1.1 (Qc) Sharing of clinical care for patients? [] Satisfied [] Unsure [] Not satisfied
Data coding (if applicable)	1 Satisfied 2 Unsure 3 Not Satisfied 9 Missing
Mechanism for QA on numerator data	As for Annual Survey of Divisions
Denominator	Number of Divisions in each State or Territory responding to the survey
Source of denominator data	Provided to SBO by Department
Data coding (if applicable)	N/A
Mechanism for QA on denominator data	As for Annual Survey of Divisions
Mechanism for QA on qualitative data	N/A
Mechanism for indicator data transfer to collation agency	Report to the Department
Method of calculation of the indicator	N/A
Timing of reporting	12 Month Report

Future Directions

Technical Details for National Performance Indicators for State Based Organisations

March 2007

Disaggregation (equity)	Divisions disaggregated by rurality
Comments	<p>*Satisfaction can be with both the processes and outcomes of collaboration.</p> <p># 'Sharing clinical care' may refer to coordinating contemporaneous care (as in shared care arrangements) or sequential care (as in hospital and post-discharge care). The arrangements may be formal or informal and may vary, for example with hospitals or with specialists. The question seeks an overall judgement of how well arrangements work, whatever they may be.</p>

Table N_INT (SBO) 1.1 (Qa) Number and proportion of Divisions within the State or Territory satisfied with their collaborations with relevant hospitals in relation to local service planning, [insert SBO], [insert date—month and year]

		Not satisfied	Unsure	Satisfied	Not known/ missing	Number of Divisions for whom data available	Total number of Divisions in the State or Territory
All	Number						
	Per cent					100	N/A
Rurality							
Metro	Number						
	Per cent					100	N/A
Metro/rural	Number						
	Per cent					100	N/A
Rural	Number						
	Per cent					100	N/A
Rural/remote	Number						
	Per cent					100	N/A
Remote	Number						
	Per cent					100	N/A
Explanatory text:							

Table N_INT (SBO) 1.1 (Qb) Number and proportion of Divisions within the State or Territory satisfied with their collaborations with relevant hospitals in relation to timely and appropriate exchange of patient health, [insert SBO], [insert date—month and year]

		Not satisfied	Unsure	Satisfied	Not known/ missing	Number of Divisions for whom data available	Total number of Divisions in the State or Territory
All	Number						
	Per cent					100	N/A
Rurality							
Metro	Number						
	Per cent					100	N/A
Metro/rural	Number						
	Per cent					100	N/A
Rural	Number						
	Per cent					100	N/A
Rural/remote	Number						
	Per cent					100	N/A
Remote	Number						
	Per cent					100	N/A
Explanatory text:							

Table N_INT (SBO) 1.1 (Qc) Number and proportion of Divisions within the State or Territory satisfied with their collaborations with relevant hospitals in relation to sharing of clinical care for patients, [insert SBO], [insert date—month and year]

		Not satisfied	Unsure	Satisfied	Not known/ missing	Number of Divisions for whom data available	Total number of Divisions in the State or Territory
All	Number						
	Per cent					100	N/A
Rurality							
Metro	Number						
	Per cent					100	N/A
Metro/rural	Number						
	Per cent					100	N/A
Rural	Number						
	Per cent					100	N/A
Rural/remote	Number						
	Per cent					100	N/A
Remote	Number						
	Per cent					100	N/A
Explanatory text:							

SBO INDICATORS

BUILDING CAPACITY OF DIVISIONS OF GENERAL PRACTICE—Divisional Support and Development

N_DIA (SBO) 3.1	
Indicator	The number of service incentive payments (SIPs) made to GPs practising in the State or Territory compared to the estimated population in the State or Territory with diabetes*. 2 points (compulsory)
Rationale for the indicator	In 2002, 50% of the estimated population of Divisions providing data for the National Divisions Diabetes Program (NDDP) were receiving any of the process of care measures outlined in guidelines ¹ . The SIP is the main method of recording and rewarding the full annual cycle of care for patients attending general practices. ¹ Department of Health and Ageing, <i>Future Directions: Government Response to the Report of the Review of the Role of Divisions of General Practice</i> (April 2004), p11. Available at: http://www.health.gov.au/internet/wcms/publishing.nsf/Content/health-pcd-programs-divisions-index.htm/\$FILE/fut_dir.pdf
Indicator type	Quantitative
Numerator	Number of SIP claims by GPs practising in the State or Territory in past six months (MBS items 2517, 2518, 2521, 2522, 2525, 2526, 2620, 2622, 2624, 2631, 2633, 2635)
Source of numerator data	Medicare Australia—data provided to SBO by Department
Data coding (if applicable)	N/A
Mechanism for QA on numerator data	N/A
Denominator	Estimated population with diabetes in the State or Territory
Source of denominator data	Estimates provided to SBO by the Department in data package
Data coding (if applicable)	N/A
Mechanism for QA on denominator data	N/A
Mechanism for QA on qualitative data	N/A
Mechanism for indicator data transfer to collation agency	Report to the Department
Method of calculation of the indicator	Numerator divided by the denominator expressed as a ratio
Timing of reporting	12 Month Report
Disaggregation (equity)	Nil
Comments	* For this purpose, diabetes refers to: <ul style="list-style-type: none"> • diabetes Type 1; and • diabetes Type 2. For this purpose, diabetes does not refer to: <ul style="list-style-type: none"> • Gestational Diabetes Mellitus (GDM); • previous GDM; • impaired fasting glucose; or • impaired glucose tolerance. (National Integrated Diabetes Program guide for general practitioners and Diabetes Australia range of blood glucose levels indicative of diabetes mellitus.)

Table N_DIA (SBO) 3.1 Number of service incentive payments (SIPs) made to GPs practising in the State or Territory compared to the estimated population in the State or Territory with diabetes, [insert SBO name], [insert date—month and year]

	Number of SIPs	Estimated number of people with diabetes	SIPs:population ratio
Number			
Explanatory text:			

SBO INDICATORS

BUILDING CAPACITY OF DIVISIONS OF GENERAL PRACTICE—Divisional Support and Development

N_MNH (SBO) 3.1	
Indicator	The number and proportion of GP Mental Health Care Plans* claimed by GPs practicing in the State or Territory, compared to the estimated population in the State or Territory who could benefit from the development of a GP Mental Health Care Plan. 2 points (compulsory)
Rationale for the indicator	
Indicator type	Quantitative
Numerator	Number of GP Mental Health Care Plans claimed (MBS Item number 2710)
Source of numerator data	Medicare Australia (data provided to the SBO by the Department in data package)
Data coding (if applicable)	N/A
Mechanism for QA on numerator data	N/A
Denominator	Estimated population in the State or Territory who could benefit from the development of a GP Mental Health Care Plan
Source of denominator data	Estimates provided to SBO by the Department in data package
Data coding (if applicable)	N/A
Mechanism for QA on denominator data	N/A
Mechanism for QA on qualitative data	N/A
Mechanism for indicator data transfer to collation agency	Report to the Department
Method of calculation of the indicator	Numerator divided by the denominator expressed as a ratio
Timing of reporting	12 Month Report
Disaggregation (equity)	Nil
Comments	* The GP Mental Health Care Plan is part of the Better Access to Psychiatrists, Psychologists and General Practitioners through the Medical Benefits Schedule initiative. It provides a structured framework for GPs to undertake early intervention, assessment and management of patients with mental disorders, as well as providing new referral pathways to clinical psychologists and allied mental health service providers.

Table N_MNH (SBO) 3.1 Number and proportion of GP Mental Health Care Plans claimed by GPs practising in the State or Territory, compared to the estimated population in the State or Territory who could benefit from the development of a GP Mental Health Care Plan [insert SBO name], [insert date—month and year]

	Number of GP Mental Health Care Plans claimed	Estimated population who could benefit	GP Mental Health Care Plans: population ratio
Number			
Explanatory text:			

SBO INDICATORS

BUILDING CAPACITY OF DIVISIONS OF GENERAL PRACTICE—Divisional Support and Development

N_DSD 1.2	
Indicator	The number and proportion of Divisions accredited and undergoing accreditation in the State or Territory. 2 points (compulsory)
Rationale for the indicator	A key role for SBOs is to engage with and influence Divisions. The extent to which Divisions have achieved accreditation is a reflection of that engagement and influence.
Indicator type	Quantitative
Numerator	Numbers of Divisions officially accredited and officially registered for accreditation
Source of numerator data	SBOs records
Data coding (if applicable)	N/A
Mechanism for QA on numerator data	Audit of Division accreditation certificates
Denominator	Number of Divisions in the State or Territory
Source of denominator data	SBO records
Data coding (if applicable)	N/A
Mechanism for QA on denominator data	Department records
Mechanism for QA on qualitative data	N/A
Mechanism for indicator data transfer to collation agency	Report to the Department
Method of calculation of the indicator	Numerators divided by denominator and multiplied by 100
Timing of reporting	6 Month Report 12 Month Report
Disaggregation (equity)	N/A
Comments	

Table N_DSD 1.2 Proportion of Divisions a) accredited and b) undergoing accreditation in the State or Territory, [insert SBO name], [insert date—month and year]

	Divisions accredited	Divisions undergoing accreditation	Divisions neither accredited nor undergoing accreditation	Total number of Divisions in the State or Territory
Number				
Per cent				100
Explanatory text:				

NATIONAL PRIORITY AREA: Building Capacity of Divisions of General Practice
DOMAIN: Leadership and Advocacy at a State or Territory Level

N_LAL Objective To ensure the organisation actively encourages and initiates identification and resolution of Division-related issues within the primary health care system at a State or Territory level.

Rationale for the objective SBOs are well placed to provide leadership and advocacy at the State or Territory level in relation to all aspects of health service delivery.

SBO INDICATORS

BUILDING CAPACITY OF DIVISIONS OF GENERAL PRACTICE—Leadership and Advocacy at a State or Territory Level

N_LAL 1.1	
Indicator	The organisation contributes to effective implementation of relevant national Government initiatives through Divisions in its State or Territory. 2 points (compulsory)
Rationale for the indicator	SBOs are well placed to assist Divisions to achieve improved health outcomes in key areas identified by Government by contributing to Divisions' knowledge and skills to deliver services to general practice and the community.
Indicator type	Qualitative
Numerator	N/A
Source of numerator data	N/A
Data coding (if applicable)	N/A
Mechanism for QA on numerator data	N/A
Denominator	N/A
Source of denominator data	N/A
Data coding (if applicable)	N/A
Mechanism for QA on denominator data	N/A
Mechanism for QA on qualitative data	Audit of SBO records
Mechanism for indicator data transfer to collation agency	Report to the Department
Method of calculation of the indicator	Description of at least two significant achievements* resulting from the organisation's contribution to the effective implementation of relevant national Government initiatives, for example, Strengthening Medicare, GPII, Residential Aged Care Panels, Better Outcomes in Mental Health Care Initiative Each description need not exceed half a page and must follow the format of aim, actions taken and outcomes N_LAL 1.1 Significant Achievement 1: Aim: Actions taken: Outcomes: N_LAL 1.1 Significant Achievement 2: Aim: Actions taken: Outcomes:

Timing of reporting	6 Month Report 12 Month Report
Disaggregation (equity)	N/A
Comments	* A significant achievement must not be previously reported in earlier financial years or against other indicators in this financial year. However, it might be related to substantial progress made with a significant achievement reported in a previous financial year.

SBO INDICATORS

BUILDING CAPACITY OF DIVISIONS OF GENERAL PRACTICE—Leadership and Advocacy at a State or Territory Level

N_IMM (SBO) 3.1	
Indicator	Childhood immunisation coverage rates by Divisions in the State or Territory. 2 points (compulsory)
Rationale for the indicator	It has been well demonstrated that involvement by Divisions has improved immunisation coverage rates, even in geographical areas of traditionally low coverage ¹ . ¹ Review of the General Practice Immunisation Incentives (GPII) Scheme: In consultation with the GPII Advisory Group (January 2004); available at http://www.health.gov.au/internet/wcms/publishing.nsf/Content/health-publth-strateg-immunis-gp.htm-copy3/\$FILE/gpii_review_summary.pdf
Indicator type	Quantitative
Numerator	Average childhood immunisation coverage rate for each Division
Source of numerator data	ACIR O32A—SBO to access
Data coding (if applicable)	N/A
Mechanism for QA on numerator data	N/A
Denominator	N/A
Source of denominator data	N/A
Data coding (if applicable)	N/A
Mechanism for QA on denominator data	N/A
Mechanism for QA on qualitative data	N/A
Mechanism for indicator data transfer to collation agency	Report to the Department
Method of calculation of the indicator	Explanatory text for the result may be provided
Timing of reporting	6 Month Report 12 Month Report
Disaggregation (equity)	Nil
Comments	The ACIR 032A reports immunisation coverage rates of practices registered with the GPII on a nominated date. The ACIR reports are available from Medicare Australia on application by individual Divisions. Medicare Australia provides technical management of the data recorded on the ACIR. Information in these reports includes identified provider details. Each Division is required to have signed a Section 46E confidentiality agreement with the Department before these reports can be made available to the Division. While local coverage rates have been shown to be an effective measure of quality performance, it is understood that there may be valid reasons why local rates are comparatively low (e.g. high conscientious objection rates, highly mobile populations, tourist regions). This needs to be considered when interpreting or comparing coverage rates at Division or practice level and hence disaggregation is relevant.

Table N_IMM (SBO) 3.1 Average childhood immunisation coverage rates for Divisions, [insert name of SBO], [insert date—month and year]

	D1	D2	D3	D4	D5	D6	D..n	State or Territory	Total number of practices registered in the State or Territory	Total number of practices in the State or Territory
Average coverage rate—All %										
Explanatory text:										

SBO INDICATORS

BUILDING CAPACITY OF DIVISIONS OF GENERAL PRACTICE—Leadership and Advocacy at a State or Territory Level

N_RES (SBO) 3.1	
Indicator	<p>The number of:</p> <ul style="list-style-type: none"> i) GP consultations in Residential Aged Care Facilities (RACFs); ii) comprehensive medical assessments (CMAs); and iii) residential medication management reviews (RMMRs) <p>provided by GPs practising in the State or Territory, compared to the number of RACF beds in the State or Territory.</p> <p style="text-align: right;">2 points (compulsory)</p>
Rationale for the indicator	<p>There has been a decline in GP attendances to RACF patients in the context of an increase in RACF beds¹, particularly high care². While GP access may not be an issue across all Divisions, the aim of this indicator is to encourage optimal access. An increase in the number of MBS GP RACF visit items will indicate that additional services are being provided.</p> <p>The Medicare Plus Aged Care Initiative includes funding for one CMA MBS item per RACF resident per 12 months. A CMA of the resident is included as an indicator of quality of medical care. It is necessary to inform GP care planning (of prevention, disease management and after hours care), and referral for RMMR. It also communicates medical information to aid clinical decision-making by other service providers such as RACF staff, locum doctors and hospital staff.</p> <p>CMAs may reduce the need for GP attendances so the pattern of GP visits and CMAs relative to RACF beds may be as important as the separate ratios.</p> <p>Poly-pharmacy and difficulties with medication management are common among RACF residents. The new RMMR offers the opportunity for the GP and pharmacist to review the medication management plan of the resident and take appropriate action.</p> <p>¹ Lewis G and Pegram R (2002). "Residential aged care and general practice: Workforce demographic trends 1984–2001". <i>Medical Journal of Australia</i> 177:84–6.</p> <p>² Flicker L (2002). "Clinical issues in aged care: managing the interface between acute, sub-acute, community and residential care". <i>Australian Health Review</i> 25:136–9.</p>
Indicator type	Quantitative
Numerator	Number of MBS claims for GP consultations in RACFs (MBS item numbers 20, 35, 43, 51,92, 93, 95, 96, 5010, 5028, 5049, 5067, 5260, 5263, 5265, 5267); CMAs (item number 712, 730, 731, 734, 736, 738, 775, 778, 779); RMMRs (item number 903), by GPs practising in the Division's area
Source of numerator data	Medicare Australia (provided to SBOs by the Department in data package)
Data coding (if applicable)	N/A
Mechanism for QA on numerator data	N/A
Denominator	Number of Commonwealth funded RACF beds within the State or Territory in the past 12 months*
Source of denominator data	Provided to SBO by the Department in data package
Data coding (if applicable)	N/A
Mechanism for QA on denominator data	N/A
Mechanism for QA on qualitative data	N/A

Mechanism for indicator data transfer to collation agency	Report to the Department
Method of calculation of the indicator	Numerators divided by denominator expressed as ratios
Timing of reporting	12 Month Report
Disaggregation (equity)	Nil
Comments	* Ensure that the denominator reflects operational beds and does not include allocated beds Contextual information, for example issues relating to workforce, will be important in interpretation of results.

Table N_RES (SBO) 3.1 Number and ratio¹ of GP consultations in RACFs, CMAs² and RMMRs³, [insert SBO name], [insert date—month and year]

	GP RACF consultations	CMAs	RMMRs	Operational Beds
Number				
Ratio services: beds				N/A
Explanatory text:				

¹ Relative to the number of operational Residential Aged Care Facility beds in the SBO's area.

² Comprehensive medical assessments.

³ Residential medication management reviews.

SBO INDICATORS

BUILDING CAPACITY OF DIVISIONS OF GENERAL PRACTICE—Leadership and Advocacy at a State or Territory Level

N_LAL 1.2	
Indicator	The organisation contributes to structural and other efficiencies among the Divisions in its State or Territory. 2 points (compulsory)
Rationale for the indicator	Structural and other efficiencies take into account the impact of matters such as size, structure and boundaries on Divisions' capability to deliver outcomes for general practice, the community and the department. SBOs are well placed to consider what sorts of structural or other changes could assist Divisions to achieve optimal efficiency and effectiveness and how to support Divisions, through information and advice, to manage the implementation of changes.
Indicator type	Qualitative
Numerator	N/A
Source of numerator data	N/A
Data coding (if applicable)	N/A
Mechanism for QA on numerator data	N/A
Denominator	N/A
Source of denominator data	N/A
Data coding (if applicable)	N/A
Mechanism for QA on denominator data	N/A
Mechanism for QA on qualitative data	Audit of SBO records
Mechanism for indicator data transfer to collation agency	Report to the Department
Method of calculation of the indicator	Description of at least two significant achievements* relating to the organisation's contribution to structural and other efficiencies among the Divisions in the State or Territory Each description need not exceed half a page and must follow the format of aim, actions taken and outcomes N_LAL 1.2 Significant Achievement 1: Aim: Actions taken: Outcomes: N_LAL 1.2 Significant Achievement 2: Aim: Actions taken: Outcomes:
Timing of reporting	6 Month Report 12 Month Report
Disaggregation (equity)	N/A
Comments	*A significant achievement must not be previously reported in earlier financial years or against other indicators in this financial year. However, it might be related to substantial progress made with a significant achievement reported in a previous financial year.

SBO INDICATORS

BUILDING CAPACITY OF DIVISIONS OF GENERAL PRACTICE—Leadership and Advocacy at a State or Territory Level

N_LAL 1.3	
Indicator	The number and proportion of Divisions in the State or Territory satisfied with their SBO's services and activities. 2 points (compulsory)
Rationale for the indicator	A key role for SBOs is engaging with and influencing Divisions. The extent to which Divisions are satisfied with their SBO services and activities is a reflection of that engagement and influence.
Indicator type	Quantitative
Numerator	Number of Divisions in each State or Territory in each coded category relating to: (Qa) the SBO's contribution to the effective implementation of relevant national Government initiatives through Divisions in its State or Territory. (Qb) the SBO's contribution to structural and other efficiencies among the Divisions in its State or Territory.
Source of numerator data	Provided to SBO by PHC RIS through the Annual Survey of Divisions, using the following question: (N_LAL 1.3 (Q)) Overall, how satisfied is your Division with your SBO's contribution to: (N_LAL 1.3 (Qa)) The effective implementation of relevant national Government initiatives and programs through Divisions in your State or Territory? [] Satisfied [] Unsure [] Not satisfied (N_LAL 1.3 (Qb)) Structural and other efficiencies among the Divisions in your State or Territory? [] Satisfied [] Unsure [] Not satisfied
Data coding (if applicable)	1 Satisfied 2 Unsure 3 Not satisfied 9 Missing
Mechanism for QA on numerator data	As for Annual Survey of Divisions
Denominator	Number of Divisions in each State or Territory responding to the Annual Survey
Source of denominator data	Provided to SBO by Department
Data coding (if applicable)	N/A
Mechanism for QA on denominator data	As for Annual Survey of Divisions
Mechanism for QA on qualitative data	N/A
Mechanism for indicator data transfer to collation agency	Report to the Department
Method of calculation of the indicator	N/A
Timing of reporting	12 Month Report
Disaggregation (equity)	N/A
Comments	

Table N_LAL 1.3 (Qa) Number and proportion of Divisions in the State or Territory satisfied with their SBO's contribution to the effective implementation or relevant national Government initiatives, [insert SBO], [insert date—month and year]

	Unsatisfied	Unsure	Satisfied	Not known/ missing	Number of Divisions for whom data available	Total number of Divisions in the State or Territory
Number						
Per cent					100	N/A
Explanatory text:						

Table N_LAL 1.3 (Qb) Number and proportion of Divisions in the State or Territory satisfied with their SBO's contribution to structural and other efficiencies among the Divisions in its State or Territory [insert SBO name], [insert date—month and year]

	Unsatisfied	Unsure	Satisfied	Not known/ missing	Number of Divisions for whom data available	Total number of Divisions in the State or Territory
Number						
Per cent					100	N/A
Explanatory text:						

SBO INDICATORS

BUILDING CAPACITY OF DIVISIONS OF GENERAL PRACTICE—Leadership and Advocacy at a State or Territory Level

N_LAL 1.4	
Indicator	The organisation works with other SBOs and the Australian General Practice Network (AGPN) to address Division related issues in primary health care policy, planning and service delivery in the State or Territory. 2 points (compulsory)
Rationale for the indicator	SBOs have a key role in addressing Division related issues in primary health care policy, planning and service delivery, a role enhanced by working with other SBOs and the AGPN.
Indicator type	Qualitative
Numerator	N/A
Source of numerator data	N/A
Data coding (if applicable)	N/A
Mechanism for QA on numerator data	N/A
Denominator	N/A
Source of denominator data	N/A
Data coding (if applicable)	N/A
Mechanism for QA on denominator data	N/A
Mechanism for QA on qualitative data	Audit of SBO records
Mechanism for indicator data transfer to collation agency	Report to the Department
Method of calculation of the indicator	Description of at least two significant achievements* resulting from working with other SBOs and the AGPN to address Division-related issues in primary health care policy, planning and service delivery in the State or Territory Each description need not exceed half a page and must follow the format of aim, actions taken and outcomes N_LAL 1.4 Significant Achievement 1: Aim: Actions taken: Outcomes: N_LAL 1.4 Significant Achievement 2: Aim: Actions taken: Outcomes:
Timing of reporting	6 Month Report 12 Month Report
Disaggregation (equity)	N/A
Comments	*A significant achievement must not be previously reported in earlier financial years or against other indicators in this financial year. However, it might be related to substantial progress made with a significant achievement reported in a previous financial year.

DEVELOPMENT OF THE NATIONAL PERFORMANCE INDICATORS FOR STATE BASED ORGANISATIONS

This is a system under development. The experience of implementation in 2005–08 will inform refinement and further development of the system in subsequent years.

1. Elements of the Set of National Performance Indicators

The set of National Performance Indicators for State Based Organisations (SBOs) consists of three elements:

- governance indicators consistent with those required for Divisions of General Practice;
- program indicators related to the role of SBOs at a State level; and
- aggregated program indicators from the set of National Performance Indicators for Divisions of General Practice.

2. Method of Indicator Development

Elizabeth Jameson from Board Matters Pty Ltd was contracted by the Department of Health and Ageing (the Department) to facilitate a two-day workshop with representatives from the Divisions Network, the Department and other stakeholders to develop two of the three elements of the set of National Performance Indicators for SBOs—the governance indicators and the program indicators related to the role of SBOs at a State level.

The Australian Primary Health Care Research Institute (APHCRI) at the Australian National University was contracted by the Department to develop the National Performance Indicators for Divisions of General Practice and to provide advice and recommendations concerning which of these indicators were appropriate to form the third element—aggregated program indicators for SBOs. The team worked closely throughout with staff from the Department and the AGPN.

2.1 Oversight and review of National Performance Indicator development

The development and refinement of the objectives and indicators were overseen by the Review Implementation Committee (RIC). Draft versions were also the subject of consultation with the broader Divisions Network and the State and Territory Offices of the Department.

2.2 Key points

The objectives and indicators reflect an understanding of both current capacity and variation between Divisions and SBOs on a range of attributes and are forward-looking in terms of evolution of that capacity over time. This has resulted in indicators that look particularly to a future of increasing computerisation and an increasingly rich information environment in general practice and primary health care in which more informed decisions about policy, planning and service delivery can be made locally, regionally and nationally.

Network members that are accredited will not be required to report on those governance performance indicators that are incorporated within the accreditation model they have adopted. They will therefore have a significantly reduced set of indicators.

The AGPN and SBOs are well placed to play a key role in building skills, sharing documents and developing templates to assist Divisions Network members to readily meet governance indicators.

2.3 Information Management/Information Technology (IM/IT)

There are issues relating to IM/IT and capacity to collate, analyse and interpret data at the local level, particularly in relation to Divisions and patient-level data. Consideration will be given to how these are best addressed. Related to this are issues that have to be addressed to do with the protection of patient and GP privacy and confidentiality, and with consent. It should be noted that there are already a number of examples both within and outside Divisions where transfer, collation, analysis and interpretation of GP patient-level data are occurring. For these initiatives, the technical issues have been resolved, the protections are in place and the majority of patients give their consent.

For every indicator, SBOs will be able to provide explanatory text to accompany the indicator data. This will give SBOs an opportunity to provide some context for their level of achievement, and help make sense of and thus inform interpretation of the data.

In order to report on some of the indicators, SBOs will have to be provided with data from external sources (See Table 1: External data requirements). This process will be coordinated nationally and the data made available to SBOs in a timely way.

TABLE 1: External data requirements

Domains	Performance Indicator	Data Source	Data Provider
Building Capacity of Divisions of General Practice—Divisional Support and Development	Division performance indicator total scores and State or Territory average for the total scores (N_DSD 1.1).	Department	Department
	Number of service incentive payments (SIPs) made to GPs practising in the State or Territory compared to the estimated population in the State or Territory with diabetes (N_DIA SBO 3.1).	Medicare Australia	Department
	Number and proportion of GP Mental Health Care Plans claimed by GPs practising in the State or Territory, compared to the estimated population in the State or Territory who could benefit from the development of a GP Mental Health Care Plan (N_MNH SBO 3.1).	Medicare Australia	Department
	Number and proportion of Divisions a) accredited and b) undergoing accreditation in the State or Territory (N_DSD 1.2).	Department	Department
Building Capacity of Divisions of General Practice—Leadership and Advocacy at a State or Territory Level	Childhood Immunisation coverage rates by Divisions in the State or Territory (N_IMM SBO 3.1).	ACIR	SBO to access
	Number of i) GP consultations in RACFs; ii) comprehensive medical assessments (CMAs); iii) residential medication management reviews (RMMRs) provided by GPs practising in the State or Territory, compared to the number of RACF beds in the State or Territory (N_RES SBO 3.1).	Department	Department
	Number and proportion of Divisions in the State or Territory satisfied with their SBO's services and activities (N_LAL 1.3).	PHCRIS through the Annual Survey of Divisions	Department

SBOs will be developing additional indicators for their local programs. These may include additional indicators in the national domains and/or indicators for different domains. In the interests of clarity in planning and reporting the national indicators have been denoted 'N_', for example 'N_DSD 1.1'.

3. Quality assurance of indicator data

An accountability and quality improvement process is only as good as the quality of the data on which it rests. All the data used in the system should be subject to quality assurance processes. These have been specified in the technical details for each indicator. Some rely on audit of SBO records. Quality assurance mechanisms will be the subject of consultation, development, piloting, reporting and review.

4. Reporting

Effort has been invested in specifying the reporting requirements as clearly as possible to maximise national consistency in the information obtained about structures and processes. Standard text format (qualitative indicators) or tables (quantitative indicators) have been developed for all of the indicators.